

2010 AD

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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 FAIR POLITICAL
 PRACTICES COMMISSION
COVER PAGE

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TOWN OF YUCCA VALLEY

TP

NAME (LAST)	(FIRST)	(MIDDLE)
Hagerman	Isaac	Louis

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Yucca Valley Town Council

Division, Board, District, if applicable:

Your Position:

 ▶ If filing for multiple positions, list additional agency(ies)/
 position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)
☐ State☐ County of _____☒ City of Yucca Valley☐ Multi-County _____☐ Other _____
3. Type of Statement (Check at least one box)
☒ Assuming Office/Initial Date: 12/27/2010
☐ Annual: The period covered is January 1, 2008,
 through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through
 December 31, 2008.

☐ Leaving Office Date Left: ____/____/____
 (Check one)

☐ The period covered is January 1, 2008, through the
 date of leaving office.

-or-

☐ The period covered is ____/____/____, through
 the date of leaving office.
☐ Candidate Election Year: _____
4. Schedule Summary

 ▶ Total number of pages
 including this cover page: 4

 ▶ Check applicable schedules or "No reportable
 interests."
I have disclosed interests on one or more of the
attached schedules:
 Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

 Schedule A-2 ☒ Yes – schedule attached
Investments (10% or greater Ownership)

 Schedule B ☒ Yes – schedule attached
Real Property

 Schedule C ☒ Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
 and Travel Payments)*

 Schedule D ☐ Yes – schedule attached
Income – Gifts

 Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule
5. Verification

 I have used all reasonable diligence in preparing this
 statement. I have reviewed this statement and to the best
 of my knowledge the information contained herein and in any
 attached schedules is true and complete.

 I certify under penalty of perjury under the laws of the State
 of California that the foregoing is true and correct.

 Date Signed 1/07/10
 (month, day, year)

Signature

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
2011 JAN 18 AM 9:16
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
Name
ISAAC HAGERMAN

► 1. BUSINESS ENTITY OR TRUST
Specialty urgent Care
Name
57402 29 Palms Hwy Suite 1
Address
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Urgent Care

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED _____ DISPOSED _____
NATURE OF INVESTMENT
☐ Sole Proprietorship ☒ Partnership ☐ Other
YOUR BUSINESS POSITION COO

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST
Hagerman Gardens Assisted Living
Name
58016 Juarez Drive
Address
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Assisted Living

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED _____ DISPOSED _____
NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ Other
YOUR BUSINESS POSITION Owner

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

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SCHEDULE B
Interests in Real Property
(Including Rental Income)

2011 JAN 18 AM 8:16

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
ISAAC HAGERMAN

► STREET ADDRESS OR PRECISE LOCATION

58016 Juarez

CITY

Yucca Valley Ca 92284

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/08 ____/____/08
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/08 ____/____/08
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

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FAIR PRACTICES COMMISSION
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SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ISAAC HAGERMAN

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Braswell Family Senior Care

ADDRESS

55425 Santa Fe Trail

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Senior Care

YOUR BUSINESS POSITION

Administrator

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Braswell Family Senior Care

ADDRESS

57333 Joshua Lane

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Senior Care

YOUR BUSINESS POSITION

Administrator

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Cindy Melland

ADDRESS

56445 29 Palms Hwy

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

6 % ☐ None

TERM (Months/Years)

10

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☒ Guarantor Isaac and Deanna Hagerman

☐ Other _____
(Describe)

Comments: _____